

To:  
Federally Qualified  
Health Centers  
HMOs and Other  
Managed Care  
Programs

## Federally Qualified Health Center Provider Number Required on Claims

Effective on and after July 1, 2005, providers are required to indicate their Federally Qualified Health Center (FQHC) provider number on claims for FQHC services.

Effective on and after July 1, 2005, providers are required to indicate their Federally Qualified Health Center (FQHC) provider number on all claims submitted to Wisconsin Medicaid for FQHC services. The FQHC provider number is used by Wisconsin Medicaid to report FQHC services to the federal government. Claims that are submitted under an FQHC group/clinic billing provider number must include an appropriate performing provider number.

Federally Qualified Health Centers may also have separate provider numbers to provide the following Medicaid services:

- Case management.
- Community support.
- Day treatment.
- Mental health.
- Personal care.
- Prenatal care.
- Substance abuse.

Services provided by these provider types may be considered FQHC services.

Claims for services that are *not* FQHC services must be submitted under a separate provider number.

Federally Qualified Health Centers that obtain Medicaid FQHC certification may submit claims to Medicaid fee-for-service and submit interim requests for FQHC reimbursement and annual cost reports to receive supplemental payments (i.e., cost settlements) that equal 100 percent of reasonable costs. Claims for FQHC services that are *not* submitted with an FQHC provider number may not be included on cost reports and, therefore, will not be included in the cost settlement.

### Submitting Cost Reports

Under HFS 106.02(9)(e)2, Wis. Admin. Code, providers are required to retain documentation for no less than five years. Therefore, cost reports will be accepted only if they are submitted within five years of the date of service (DOS). If a cost report is not completed and sent to Wisconsin Medicaid within five years of the DOS, providers will not receive a cost settlement.

According to the Benefits Improvement and Protection Act (BIPA) of 2000, all states are required to implement an FQHC payment methodology using a base rate from expenses

filed in 1999 and 2000. These rates are evaluated annually based on the cost reports filed by each FQHC. To be compliant with the BIPA requirements and for a cost settlement to be issued from Wisconsin Medicaid, cost reports must be filed with the Division of Health Care Financing Bureau of Health Care Program Integrity.

### *Cost Report Auditing*

All cost reports are audited. Once a cost report has been audited, an FQHC has 60 days to request an adjustment. After 60 days, the cost report is final and additional encounters (i.e., face-to-face visits) will not be accepted. Once a cost settlement is final, it will be reopened only in cases where an audit requires Wisconsin Medicaid to make revisions to the settlement.

### *Interim Payments*

If Wisconsin Medicaid does not receive a cost report from an FQHC for two fiscal years, Wisconsin Medicaid may withhold future interim FQHC payments. If an FQHC submits a cost report to Wisconsin Medicaid more than five years after the DOS, Wisconsin Medicaid will not accept the report and may recoup any interim payments made to the FQHC for that reporting period.

If an audited cost report determines that payment to an FQHC, including interim payments, exceeded the FQHC's actual costs for providing services to Medicaid recipients, the difference will be recouped by Wisconsin Medicaid. All FQHCs are encouraged to submit

timely cost reports so that they may receive cost settlements and avoid recoupment.

## **Information Regarding Medicaid HMOs**

This *Wisconsin Medicaid and BadgerCare Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

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